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INSURANCE BROKERS-AVERAGE ADJUSTERS
ACTUARIES-EMPLOYEE BENEFIT PLAN CONSULTANTS

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Wellington
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Taipei
Caracas
Maracaibo
Puerto La Cruz

CABLE ADDRESS "KERODEN"
TELEX NO. 422098

95 WALL ST., NEW YORK, N.Y. 10005
TEL 701-7500 AREA CODE 212

January 14, 1983

Mr. Thomas B. Golz
Environmental Scientist
U.S. Environmental Protection Agency
Region V
230 South Dearborn Street
Chicago, Illinois 60604

Dear Mr. Golz:

RESOURCE CONSERVATION AND RECOVERY ACT (RCRA)
FINANCIAL RESPONSIBILITY REQUIREMENTS
CERTIFICATE OF INSURANCE

Subsequent to your telephone conversation with Tricia Sala on January 12, I am returning the EPA Certificate of Insurance evidencing Sudden & Accidental Pollution coverage for both the W. A. Whitney Corporation and Boyar-Schultz Corporation located in Illinois. We inadvertently received this certificate through the mail by way of the Firestone Company. Copies of this material are enclosed.

Upon your review, if we can be of any further assistance regarding this matter, please feel free to contact us.

Sincerely,

Kenneth Zignorski

Kenneth Zignorski
Casualty Department

dls

cc: Mr. Scott Phillips - Illinois EPA
Ms. Tricia Sala - J&H

RECEIVED

JAN 24 1983

WASTE MANAGEMENT BRANCH
EPA, REGION V



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

RECEIVED

DEC 29 1982

A. V. NATOLI

REPLY TO ATTENTION OF:

5HW

DEC 23 1982

RECEIVED

DEC 29 1982

J.R. LAMAN

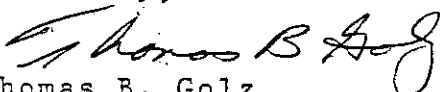
Firestone Tire & Rubber Co.
1200 Firestone Parkway
Akron, Ohio
44317

Subject: Resource Conservation and Recovery Act (RCRA) Financial
Responsibility Requirements

Under RCRA, Illinois, Indiana, and Wisconsin are authorized states;
your firm must meet state financial responsibility requirements
rather than the federal requirements contained in 40 CFR Part 265.
Contact the state agency(ies) identified below about these require-
ments.

Feel free to contact me with questions at (312) 886-4023.

Sincerely,


Thomas B. Golz
Environmental Scientist

Enclosure(s): Returned material(s)

- ☐ trust
- ☐ letter of credit
- ☐ surety bond
- ☐ financial test
- ☐ corporate guarantee
- ☐ closure or post-closure insurance
- ☒ liability insurance

| | | |
|---|------------------------|--------------------|
| copy <input checked="" type="checkbox"/> Mr. Scott Phillips () | Mr. Patrick Haines () | Mr. Robert Eckdale |
| Illinois EPA | Indiana State Board | Wisconsin DNR |
| 2200 Churchill Road | of Health | Box 7921 |
| Springfield, IL | 1330 W. Michigan St. | Madison, WI |
| 62706 | Indianapolis, IN | 53707 |
| | 46206 | |

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Melbourne
Perth
Sydney
Belen-Para
Belo Horizonte
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INSURANCE BROKERS-AVERAGE ADJUSTERS
ACTUARIES-EMPLOYEE BENEFIT PLAN CONSULTANTS

CABLE ADDRESS "KERODEN"
TELEX NO. 422098

June 15, 1982

95 WALL ST., NEW YORK, N. Y. 10005
TEL 482-2000 AREA CODE 212

Mr. Valdas K. Adamkus
230 S. Dearborn Street
Chicago, Illinois 60604

Dear Mr. Adamkus:

Sudden & Accidental Pollution Liability Certificate of Insurance

Per the EPA's instructions, enclosed is a Certificate of Insurance evidencing Sudden & Accidental Pollution Coverage for both the W. A. Whitney Corporation and Boyar-Schutz Corporation located in the State of Illinois.

Sincerely,

Kenneth Zignorski

Kenneth Zignorski
Casualty Department

KZ:jc
Enclosure

cc's: Mr. J. Doumas - Dyson-Kissner-Moran Corp.
Mr. R. Howard-Boyar Schultz Corp.
Mr. H. Shepherd-W. A. Whitney Corp.
J. Yerkovich - J&H New York
T. Sala - J&H New York
R. Kettles-J&H New York

HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE

1. American Home Assurance Company and National Union Fire Insurance Company of Pittsburgh, Pa., (the "Insurer"), of 70 Pine Street, New York, New York 10270, hereby certifies that it has issued liability insurance covering bodily injury and property damage to Esterline Corporation, (the "Insured"), of CBT Plaza, 1120 Post Road, Darien, Connecticut 06820, in connection with the Insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at (see attached) for "sudden accidental occurrences". The limits of liability are \$1,000,000/\$3,000,000 BI - \$1,000,000/\$2,000,000 PD exclusive of legal defense costs. The coverage is provided under policy number GLA 945 64 24 RA, issued on January 1, 1982. The effective date of said policy is January 1, 1982.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

(a) Bankruptcy or insolvency of the Insured shall not relieve the Insurer of its obligations under the policy.

(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.174(f) or 265.147(f).

(c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

(d) Cancellation of the insurance, whether by the Insurer or the Insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is(are) located.

(e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is(are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines Insurer, in one or more States.

Basil T. Paulichis
Assistant Vice President

Authorized Representative of American Home Assurance Company
and National Union Fire Insurance Company of Pittsburgh, Pa.

70 Pine Street
New York, New York 10270

W. A. Whitney Corporation Location

Coverage for "Sudden Accidental Occurrences" at:

650 Race Street
Rockford, Illinois 61105
EPA I.D. # 2010300104

ICD 005 467501

Boyar - Schultz Location

Coverage for "Sudden Accidental Occurrences" at:

2000 South 25th Avenue
Broadview, Illinois 60153
EPA I.D. # 781019



December 29, 1982

Mr. Kenneth Zignorski
Casualty Department
Johnson & Higgins
95 Wall Street
New York, NY 10005

Dear Mr. Zignorski:

Resource Conservation and Recovery Act (RCRA) Financial Responsibility Requirements

Your letter of July 15, 1982 to Mr. Valdas K. Adamkus was enclosed in correspondence we received from United States Environmental Protection Agency, Region V. We have also enclosed a copy of the EPA transmittal to which your letter was attached.

Sincerely,

A. V. Natoli, Manager
Property Insurance
Risk Management Dept.

AVN:cmk
Enclosures



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• ILDC47572755

INSTALLATION ADDRESS

BOYAR-SCHULTZ CORP
2000 S 25TH AVE
BROADVIEW

IL 60153

2000 S 25TH AVE
BROADVIEW

IL 60153

m 4/54

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

JUN 10 1997

U.S. EPA, REGION V

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

ILLD047572755

II. Name of Installation (Include company and specific site name)

CONTINENTAL XRAY

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2000 S 25TH AVE

Street (Continued)

City or Town

BROOKVIEW

State

Zip Code

IL 60153-

County Code

County Name

031 COOK

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

SHEENAN

(First)

GLPARD

Job Title

MANAGER

Phone Number (Area Code and Number)

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

CORP

Street, P.O. Box, of Route Number

City or Town

State

Zip Code

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

Yes

No

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 9-98
GSA No. 0246-EF

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
 - ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
 - ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
 - ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
 - ☐ b. Other Marketers
 - ☐ c. Boiler and/or Industrial Furnace
1. Smelter Deferral
2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
 - ☐ 2. Industrial Boiler
 - ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
 - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
 - ☐ b. Industrial Boiler
 - ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
 - ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
 - ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)


| | | | | | |
|-----------|---|---|----|----|----|
| 1 D001 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 |

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | | |
|--|---|------------------------|
| Signature  | Name and Official Title (Type or print) GERALD STEEHAN | Date Signed 5/22/97 |
|--|---|------------------------|

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)